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APPLICANTS

Leon Li-Heng Wu, Austin, TX;

** CONTINUING DATA ***** *None ref 3/30*

** FOREIGN APPLICATIONS ***** *None ref 3/30*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>7</u>	TX	6	20	3

ADDRESS

45802
 LALLY & LALLY, L.L.P.
 P. O. BOX 684749
 AUSTIN, TX
 78768-4749

TITLE

Skew compensation for a multi-agent shared bus

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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